

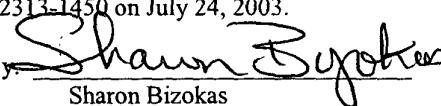


Docket No. 55043 (71878)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: M. O'Brien et al.
Serial No: 09/622,846 Examiner: J. Angell
Filed: July 10, 2001 Group Art Unit: 1635
For: HLA-LINKED PRE-ECLAMPSIA AND MISCARRIAGE SUSCEPTIBILITY GENE

CERTIFICATE OF MAILING
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 24, 2003.

By 
Sharon Bizokas

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

Sir:

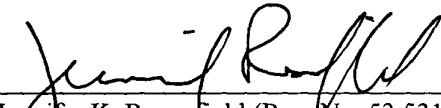
TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

1. Amendment Transmittal (4 pages);
2. Amendment and Response to Restriction Requirement (1 $\frac{1}{4}$ pages);
3. Associate Power of Attorney (1 page);
4. Check in the amount of \$725.00 (extension fee);
5. This Transmittal Letter (1 page) (x2); and
6. Return Postcard.

The Commissioner is hereby authorized to charge any excess fees that may be required, or credit any overpayment to Deposit Account No. 04-1105. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


Jennifer K. Rosenfield (Reg. No. 53,531)
Christine C. O'Day (Reg. No. 38,256)
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P.O. Box 9169
Boston, MA 02209
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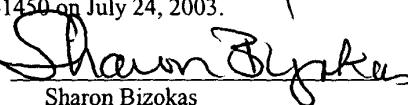
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Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is
[X] a small entity.
[] other than a small entity.

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

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NOTE: See 37 C.F.R. 1.645 for extensions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
[]	one month	\$110.00	\$55.00
[]	two months	\$410.00	\$205.00
[]	three months	\$930.00	\$465.00
[X]	four months	\$1,450.00	\$725.00
[]	five months	\$1,970.00	\$985.00

Fee: \$ 725.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

[] An extension for _____ months has already been secured. The fee paid therefor of
\$ _____ is deducted from the total fee due for the total months of extension now
requested.

Extension fee due with this request \$ _____

OR

(b) [] Applicant believes that no extension of term is required. However, this conditional
petition is being made to provide for the possibility that applicant has inadvertently
overlooked the need for a petition for extension of time.

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2) (Col. 3) SMALL ENTITY				OTHER THAN A SMALL ENTITY			
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee OR	Rate	Addit. Fee	
Total	** Minus **	=		x \$9 = \$0		x \$18 = \$		
Indep.	** Minus **	=		x \$42 = \$0		x \$84 = \$0		
[] First Presentation of Multiple Dependent Claim				+ \$140 = \$0		+ \$280 = \$0		
				Total Addit. Fee \$	OR	Total Addit. Fee \$		

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: *"After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).*

(complete (c) or (d), as applicable)

(c) No additional fee for claims is required (\$1610.00 in additional claim fees paid upon national entry filing date).
OR
(d) [] Total additional fee for claims required \$ _____.

FEE PAYMENT

5. Attached is a check in the sum of \$ 725.00.
[] Charge Account No. _____ the sum of \$ _____.
A duplicate of this transmittal is attached.

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FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. If any additional extension and/or fee is required, charge Account No. 04-1105

AND/OR

If any additional fee for claims is required, charge Account No. 04-1105



Jennifer K. Rosenfield
SIGNATURE OF PRACTITIONER

Reg. No. 53,531

Jennifer K. Rosenfield

(type or print name of practitioner)

Tel. No. (617) 439-4444

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Boston, Massachusetts 02209